

## PART B - FEE(S) TRANSMITTAL

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09629 7590 01/05/2004

MORGAN LEWIS & BOCKIUS LLP  
1111 PENNSYLVANIA AVENUE NW  
WASHINGTON, DC 20004



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(Depositor's name)
(Signature)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/935,639	08/24/2001	Takashi Nakamura	040894-5699	1378

TITLE OF INVENTION: SEMICONDUCTOR DEVICE AND METHOD FOR MANUFACTURING THE SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	04/05/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
RAO, SHRINIVAS H	2814	257-295000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. MORGAN, LEWIS &  
2. BOCKIUS LLP  
3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ROHM CO. LTD

KYOTO, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

- ☒ Issue Fee
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- ☒ Advance Order - # of Copies 4

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(Authorized Signature) Robert J. Goodell (Date) 3/17/04  
RegNo. 41,040

03/18/2004 SZEWDIE2 00000115 500310 09935639

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01 FC:1501 1330.00 DA  
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